



APPLICATION FOR EMPLOYMENT

RETURN TO: DESOTO COUNTY HUMAN RESOURCES DEPARTMENT
COUNTY ADMINISTRATION BUILDING
365 LOSHER ST, SUITE 330 HERNANDO, MS 38632

TELEPHONE NUMBER: 662-469-8020 FAX NUMBER: 662-469-8266
Email: hr@desotocountymississippi.gov

ANSWER ALL QUESTIONS – PLEASE PRINT OR TYPE YOUR NAME AND ADDRESS

POSITION APPLIED FOR _____ DATE _____

NAME _____ SOCIAL SECURITY NUMBER* _____
(First) (Middle) (Last)

PERMANENT MAILING ADDRESS _____
(Street & No.) (City) (State) (Zip Code)

TELEPHONE _____
(Area Code if other than 662) (Home) (Business) (Other-indicate whose number)

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

High School Graduate or GED? ☐ YES ☐ NO College ☐ 1 ☐ 2 ☐ 3 ☐ 4 Graduate School ☐ 1 ☐ 2 ☐ 3 ☐ 4

Schools	Name & Location	Dates Attended	Graduate?	S/Q Hrs.	Major/Minor Course Work	Type Deg.
High School			YES			
			NO			
College University		Month:	YES			
		Year:	NO			
Graduate or Professional		Month:	YES			
		Year:	NO			
Other educational vocational school, internships, etc.			YES			
			NO			

Are you legally eligible for employment in the U.S.? ☐ YES ☐ NO

Type of work you will accept (check all that apply) ☐ Full Time ☐ Part Time ☐ Hourly

☐ Regular ☐ Temporary ☐ Weekends ☐ Evenings

Date available for work _____
(Month) (Day) (Year)

Minimum annual salary acceptable \$ _____

Have you worked under any other name? ☐ Yes ☐ No
(Required for work records, and references) If yes, please list.

Have you ever been convicted of a crime (other than a minor traffic violation) under the name you used on this application or under any other name? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with all your qualifications in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, explain fully on an additional sheet.)

*Disclosure of the Social Security number is voluntary unless and until an offer of employment is made and accepted.

EMPLOYMENT DATA

In the space below, give your employment history starting with your present or most recent employer and list all positions held, including military, part time, summer, and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer			Address		Phone ()	
Job Title			Supervisor's Name		No. Supervised by You	
Date Employed (mo/yr)		Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)		Duties				
Full Time	Years	Months				
Part Time	Years	Months				

Current or Last Employer			Address		Phone ()	
Job Title			Supervisor's Name		No. Supervised by You	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)		Duties				
Full Time	Years	Months				
Part Time	Years	Months				

Current or Last Employer			Address		Phone ()	
Job Title			Supervisor's Name		No. Supervised by You	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Your Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)		Duties				
Full Time	Years	Months				
Part Time	Years	Months				

CERTIFICATION

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application or dismissal if I am employed. I also understand that as condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit or other records may be conducted before employment.

In addition, I hereby authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military (if approved by me in the "Employment" section), and other persons, registration and licensing boards, and educational institutions listed on my application, to provide DeSoto County Government with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by the County from a person, employer, or institution.

I understand that applicants are required to pass a drug urinalysis test before employment in accordance with DeSoto County policy.

Signature

(Date)